

10. Have you sold, transferred, or given away any property (including money) at any time in the past year? .. ☐ Yes ☐ No
If yes:

Description	Date of Transfer, Sale, or Gift	Value	Amount Received
		\$	\$
		\$	\$
		\$	\$

☐ Verification

11. Do you own any of the following items of property? Check yes or no. If yes, provide the other information requested.

	Yes	No	Purchase Price	Current Value	Amount Owed
a. Stocks or bonds, certificates of deposit, money market, or mutual fund account			\$	\$	\$
b. Jewelry valued over \$100 (other than wedding or engagement heirlooms)			\$	\$	\$
c. Burial reserve or trust			\$	\$	\$
d. Burial plot, vault, or crypt			\$	\$	\$
e. Business equipment, tools, inventory, or material			\$	\$	\$
f. Other			\$	\$	\$

\$ _____

☐ Exempt

\$ _____

\$ _____

\$ _____

\$ _____

12. Do you own any annuities or life insurance policies or long-term care insurance policies for yourself or anyone else? ☐ Yes ☐ No
If yes:

Company	Name of Insured or Annuitant	Face Value	Current Cash Value
a.		\$	\$
b.		\$	\$
c.		\$	\$

Verification of CSV on file?

\$ _____

Copy of annuity on file?

☐ Yes ☐ No

State certified LTC policy?

☐ Yes ☐ No

Amount paid out \$ _____

DHS 6155 completed

☐ Yes ☐ No

13. Do you own a motor vehicle (car, truck, etc.); or a boat, camper, or motor home; or mobile home or trailer not taxed as real property?..... ☐ Yes ☐ No
If yes:

Description	Class Code (From Registration)	Year	Purchase Price	Amount Owed
			\$	\$
			\$	\$

Exempt ☐ Yes ☐ No

14. Do you or your spouse receive any income? ☐ Yes ☐ No
If yes, list the source and amount of income received each month. If income is received less often than monthly, indicate how often received. Attach verification of this income.

	When Paid/How Often	Applicant	Spouse
Social Security (green check)		\$	\$
SSI/SSP		\$	\$
Railroad retirement		\$	\$
Veterans benefits (including Aid and Attendance payments)		\$	\$
Retirement or pension		\$	\$
Annuities		\$	\$
Interest income or dividends		\$	\$
Contributions (including those from relatives)		\$	\$
Earnings (gross)		\$	\$
Other (include lump sum payments, inheritance, etc.)		\$	\$

\$ _____

Use copy of award letter or check or other verification

15. a. Have you or any family member ever been in U.S. military service? ☐ Yes ☐ No
b. Are you or any family member the spouse, parent, or child of a person who has been in U.S. military service? ☐ Yes ☐ No

CA5 (if not already completed)

16. Have you applied for or do you think you are eligible for any payments you are not now receiving? ☐ Yes ☐ No
If yes:

Kind of Payment	Date Applied For	Date Expected

17. Do you have Medicare coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:			Date verified _____ DHS 6155 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No OHC Code _____ Service Referral <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Medicare claim number	Monthly premium Deduction from check? <input type="checkbox"/> Yes <input type="checkbox"/> No Paid by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do you have health or hospitalization insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:			
Name of insurance company			
Premium you pay \$		How often? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
19. Would you like to speak to a social worker about services available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the services you wish to discuss:			
20. Additional information			

BE SURE YOU HAVE READ EVERY ITEM AND ANSWERED ALL THE QUESTIONS.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

I declare under penalty of perjury that the answers I have given are correct and true to the best of my knowledge.

I agree to tell the county welfare department within ten days if there are any changes in my (or the person's on whose behalf I am acting) income, possessions, or expenses, or a change in my living situation. I agree to meet all the other responsibilities explained in the "Important Information for Persons Requesting Medi-Cal" (MC 219) I received at the time of my application for Medi-Cal. (A new "Important Information for Persons Requesting Medi-Cal" (MC 219) will be provided if there is a change in the person acting on behalf of the beneficiary.)

I understand that Section 1137 of the Social Security Act requires that I provide my Social Security number (SSN). My SSN will be verified and will be used in a computer match to check the income and resources I report with information from welfare, state employment, income tax, Social Security Administration, and other agencies.

I understand that Sections 215, 9202, and 9203 of the Probate Code and Section 14009.5 of the Welfare and Institutions Code provide for the recovery of all Medi-Cal benefits received after age 55 from the estate of a Medi-Cal beneficiary if there is no surviving spouse, minor children, or blind or totally disabled children, or it would create a hardship for my heirs. After the death of my surviving spouse, the State has the right to claim from the part of his/her estate received from me, all Medi-Cal benefits I received after age 55 up to the amount of property my spouse received from my estate.

I understand that I may be asked to prove my statements, but that the county is required by law to keep them confidential.

I understand that if I am dissatisfied with any action or inaction taken by the county welfare department, I have the right to a state hearing which I may request from the county welfare department within 90 days after the action or inaction with which I am dissatisfied.

I realize that if I deliberately make false statements or withhold information, I (or the person on whose behalf I am acting) may lose my (or his/her) Medi-Cal card and/or be prosecuted for fraud.

Signature of beneficiary	Date
Signature of person acting for beneficiary	Date
Signature of witness (if beneficiary signed with mark)	Date
E.W. signature	Date